

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 12/05/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: THERMOPLASTIC VULCANIZATES  
Attorney Docket Number:: 006125-00004  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Jonas  
Middle Name::  
Family Name:: Angus  
Name Suffix::  
City of Residence:: Harvard  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of mailing address:: 102 Poor Farm Road  
City of mailing address:: Harvard  
State or Province of mailing address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 01451

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name::  
Family Name:: Brunelle  
Name Suffix::  
City of Residence:: Dracut  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of mailing address:: 53 Brigham Avenue  
City of mailing address:: Dracut  
State or Province of mailing address:: MA

Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 01826  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

**Correspondence Information**

Correspondence Customer Number:: 22910

**Representative Information**

Representative Customer Number:: 22910

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/US02/18285	06/10/02
	Non-Provisional of	60/296,997	06/08/01

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**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::